

1.) CORPORATION NAME:

Eid Passport, Inc.

DUE DATE: **8/31/2010**

SCC ID NO: **F1597394**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

BUSINESS FILINGS INCORPORATED

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	80,000,000
PREF A	11,000,000
PREF B	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10450 SW NIMBUS AVE
BLDG R-A

CITY/ST/ZIP: PORTLAND, OR 97223-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: JAMES ROBELL
TITLE: PRESIDENT
ADDRESS: 10450 SW NIMBUS AVENUE BLDG R-A
CITY/ST/ZIP/CO: PORTLAND, OR 97223-

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OFFICER

☐

DIRECTOR

NAME: ALLAN FULSHER
TITLE: SECRETARY
ADDRESS: PO BOX 92096
CITY/ST/ZIP/CO: PORTLAND, OR 97292-

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OFFICER

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DIRECTOR

NAME: B.G. BUDDY BECK
TITLE: DIRECTOR
ADDRESS: 10601 SHADOW LANE
CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039-

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OFFICER

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DIRECTOR

NAME: RALPH "ED" EBERHART
TITLE: DIRECTOR
ADDRESS: 909 N WASHINGTON ST
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

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OFFICER

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DIRECTOR

NAME: RAY HUMPHREY
TITLE: DIRECTOR
ADDRESS: 902 9TH AVE SOUTH
CITY/ST/ZIP/CO: NAPLES, FL 34102-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM COLLINS DIRECTOR 6308 WISCASSET ROAD BETHESDA, MD 20816-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM RIDGE DIRECTOR 1101 16TH ST NW, SUITE 308 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM NEWTON DIRECTOR 660 E BROADWAY PO BOX 14670 JACKSON, WY 83002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE LARSON CHAIRMAN 2057 RIVERKNOLL CT WEST LINN, OR 97068-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY STURTEVANT TREASURER 28690 SW MEADOWS LOOP WILSONVILLE, OR 97070-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ CATHY STURTEVANT</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CATHY STURTEVANT, <u>TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>10/20/2010</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			